

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			09/14/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		SCS 34	10/20/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE CO

Claim	Date	Claim	Date	Claim	Date
Final	Original	1		51	
1	✓	2		52	
2	N	3		53	
4		5		54	
5		6		55	
6		7		56	
7		8		57	
8		9		58	
9		10		59	
10		11		60	
11		12	✓	61	
12		13	✓	62	
13		14	✓	63	
14		15	N	64	
15	N	16	N	65	
16	N	17	N	66	
17		18	✓	67	
18		19		68	
19		20		69	
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47		48		97	
48		49		98	
49		50		99	
50				100	

If more than 150 claims or 10 actions  
staple additional sheet here